

APPLICATION DATA SHEET**Application Information**

Application number::	10/566,410
Filing Date::	01/30/06
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	No
Computer Readable Form (CRF)?::	None
Number of copies of CRF::	
Title ::	METHODS OF THERAPY FOR CHRONIC LYMPHOCYTIC LEUKEMIA
Attorney Docket Number::	59516-313
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Petition included?::	Yes
Petition Type::	Petition Under 37 CFR 1.47(a)
Licensed U.S. Gov't Agency::	No
Contract or Grant No::	
Secrecy Order in Parent Appl.?::	No

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Deborah
Middle Name::	
Family Name::	Hurst
Name Suffix::	
City of Residence::	Emeryville
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	C/o Chiron Corporation, Intellectual Property R338, 4560 Horton Street
City of mailing address::	Emeryville
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94608-2916

Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Cornelia
Middle Name::	
Family Name::	QUADT
Name Suffix::	
City of Residence::	Emeryville
State or Province of Residence::	CA

Country of Residence::	US
Street of mailing address::	C/o Chiron Corporation, Intellectual Property R338, 4560 Horton Street
City of mailing address::	Emeryville
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94608-2916

Third Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Maurice
Middle Name::	J.
Family Name::	Wolin
Name Suffix::	
City of Residence::	Piedmont
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	304 Scenic Avenue
City of mailing address::	Piedmont
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94611

Fourth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Sandra
Middle Name::	
Family Name::	Milan
Name Suffix::	
City of Residence::	Emeryville
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	C/o Chiron Corporation, Intellectual Property R338, 4560 Horton Street
City of mailing address::	Emeryville
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94608-2916

Fifth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	SE
Status::	Full Capacity
Given Name::	Anders
Middle Name::	C.
Family Name::	Osterborg
Name Suffix::	
City of Residence::	Stockholm
State or Province of Residence::	CA

Country of Residence:: US
Street of mailing address:: c/o Karolinska Hospital
City of mailing address:: Stockholm
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: S-171 76

Correspondence Information

Correspondence Customer Number:: **22504**
Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::
Phone number::
Fax Number:
E-Mail address::

Representative Information

Representative Customer Number::		22504
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Phase of	PCT/US04/017921	06/04/2004
PCT/US04/017921	An application claiming the benefit under 35 USC 119(e)	60/491,371	07/30/2003

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	